## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

09764068

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                             |                                                |                                           |                                       |                               |                               |                  |            | SMALL ENTITY TYPE OR |                                |          | OTHER THAN          |                    |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|---------------------------------------|-------------------------------|-------------------------------|------------------|------------|----------------------|--------------------------------|----------|---------------------|--------------------|----------|
| TOTAL CLAIMS                                                                                                                                                                                                                                               |                                                |                                           |                                       |                               |                               |                  | Γ          | RATE                 | FEE                            |          | RATE                | FEE                |          |
| FOR                                                                                                                                                                                                                                                        |                                                |                                           | NUMBER FILED                          |                               | NUMBER EXTRA                  |                  | Ε          | BASIC FEE            | 355.00                         | OR       | BASIC FEE           |                    |          |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                    |                                                |                                           | 3 \( \text{minus 20=} \)              |                               | . 12                          |                  |            | X\$ 9=               | /35!-                          | OR       | X\$18=              |                    | 7        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                         |                                                |                                           | 6 minus 3 =                           |                               | 3                             |                  | İ          | X40=                 | Ю0! -                          | OR       | X80=                |                    |          |
| MULTIPLE DEPENDENT CLAIM P                                                                                                                                                                                                                                 |                                                |                                           | RESENT                                |                               |                               |                  | ı          | +135=                | ×0.                            |          | +270=               |                    | 7        |
| * If the difference in column 1 is                                                                                                                                                                                                                         |                                                |                                           | less than zero, enter "0" in column 2 |                               |                               | olumn 2          | L          | TOTAL                | 610:-                          | OR<br>OR | TOTAL               |                    | $\dashv$ |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                |                                                |                                           |                                       |                               |                               |                  | 101/12     | OIO.                 | 10.1                           | OTHER    | THAN                | $\dashv$           |          |
| _                                                                                                                                                                                                                                                          |                                                | (Column 1)                                |                                       | (Colu                         | nn 2) (Column 3)              |                  |            | SMALL E              | NTITY                          | OR       | SMALL               |                    |          |
| AMENDMENT A                                                                                                                                                                                                                                                |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | BER                           | PRESENT<br>EXTRA |            | RATE                 | ADDI-<br>TIONAL<br>FE <b>B</b> |          | RATE                | ADD<br>TION<br>FEB | ٩L       |
|                                                                                                                                                                                                                                                            | Total                                          | . 35                                      | Minus                                 | -3                            | <u>Ş`</u>                     | = 1/             |            | X\$ 9=               |                                | OR       | X\$18=              |                    |          |
|                                                                                                                                                                                                                                                            | Independent                                    | • 6                                       | Minus                                 | ••• (4                        | 2                             | = /              |            | X40=                 |                                | OR       | X80=                |                    | П        |
|                                                                                                                                                                                                                                                            | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEP                           | ENDEN                         | CLAIM                         | [A] .            |            | +135=                |                                | OR       | +270=               |                    |          |
| •                                                                                                                                                                                                                                                          |                                                |                                           |                                       |                               |                               |                  | L          | TOTAL                |                                |          | TOTAL               |                    |          |
|                                                                                                                                                                                                                                                            |                                                | (Column 1)                                | ^                                     | DDIT. FEE                     | -                             | ,                | ADDIT. FEE | -                    |                                |          |                     |                    |          |
| AMENDMENT B                                                                                                                                                                                                                                                |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUN<br>PREVI                  | HEST<br>ABER<br>OUSLY<br>FOR  | PRESENT EXTRA    |            | RATE                 | ADDI-<br>TIONAL<br>FEE         |          | RATE                | ADD<br>TION<br>FEI | AL       |
|                                                                                                                                                                                                                                                            | Total                                          | . 35                                      | Minus                                 | **                            | 35                            | = /              |            | X\$ 9=               |                                | OR       | X\$18=              | 1                  |          |
|                                                                                                                                                                                                                                                            | Independent                                    | • 6                                       | Minus                                 | ***                           | 6                             | =/               | I          | X40=                 |                                | OR       | X80=                |                    |          |
| _                                                                                                                                                                                                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                       |                               |                               |                  |            | +135=                |                                | OR       | +270=               | 1                  |          |
|                                                                                                                                                                                                                                                            |                                                |                                           |                                       |                               |                               |                  |            | TOTAL<br>DDIT. FEE   |                                | OR       | TOTAL<br>ADDIT. FEE |                    |          |
|                                                                                                                                                                                                                                                            |                                                | (Column 1)                                |                                       |                               | ımn 2)                        | (Column 3)       |            |                      |                                |          | ADDII. ( EE         |                    |          |
| AMENDMENT C                                                                                                                                                                                                                                                |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREV                   | HEST<br>MBER<br>NOUSLY<br>FOR | PRESENT<br>EXTRA |            | RATE                 | ADDI-<br>TIONAL<br>FEE         |          | RATE                | ADD<br>TION<br>FE  | AL       |
|                                                                                                                                                                                                                                                            | Total                                          | . 35                                      | Minus                                 | /                             | 35                            | = /              |            | X\$ 9=               |                                | OR       | X\$18=              |                    |          |
|                                                                                                                                                                                                                                                            | Independent                                    | • 5                                       | Minus                                 | ***                           | (e                            | = /              | 11         | X40=                 | 100,00                         | OR       | X80=                |                    |          |
| -                                                                                                                                                                                                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                       |                               |                               |                  |            | +135=                | , ,                            | OR       | +270=               |                    |          |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                        |                                                |                                           |                                       |                               |                               |                  |            |                      | OR                             | TOTAL    | -                   |                    |          |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE ADDIT. FEE ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                           |                                       |                               |                               |                  |            |                      |                                |          |                     |                    |          |